Date

UNITED STATES DISTRICT COURT DISTRICT OF NEW HAMPSHIRE

APPEARANCE

Case Number: To the Clerk of this court and all parties of record: Enter my appearance as counsel in this case for I certify that I am admitted to practice in this court. Date Signature **Print Name Bar Number** Address City Zip Code State **Phone Number Email Address CERTIFICATE OF SERVICE** I hereby certify that this Appearance was served on the following persons on this date and in the manner specified herein: Electronically Served Through ECF: Conventionally Served:

Signature